

**INFORMATION DISCLOSURE STATEMENT**

Applicant : Stephen W. Briggs, III.
App. No. : 10/762,772
Filed : January 22, 2004
For : DEVICE AND METHOD FOR
SECURING TRACHEOSTOMY TUBE
ATTACHMENTS
Examiner : Unknown
Group Art Unit : Unknown

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Enclosed is form PTO-1449 listing 10 references. Copies of disclosed U.S. patents and/or publications are not included pursuant to PTO waiver of the requirement under 37 C.F.R. § 1.98(a)(2)(i) for applications filed after June 30, 2003. Copies of other references, if listed, are enclosed.

This Information Disclosure Statement is being filed before the receipt of a first Office Action on the merits, and presumably no fee is required in accordance with 37 C.F.R. § 1.97(b)(3). If a first Office Action on the merits was mailed before the mailing date of this Statement, the Commissioner is authorized to charge the fee set forth in 37 C.F.R. § 1.17(p) to Deposit Account No. 11-1410.

Respectfully submitted,

KNOBBE, MARTENS, OLSON & BEAR, LLP

Dated: 5/5/04

By: 

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FORM PTO-1449

U.S. DEPARTMENT OF COMMERCE
PATENT AND TRADEMARK OFFICEATTY. DOCKET NO.
BBMED.004AAPPLICATION NO.
10/762,772INFORMATION DISCLOSURE STATEMENT
BY APPLICANT

(USE SEVERAL SHEETS IF NECESSARY)

APPLICANT
Stephen W. Briggs, III.FILING DATE
January 22, 2004GROUP
Unknown

U.S. PATENT DOCUMENTS

EXAMINER INITIAL		DOCUMENT NUMBER	DATE	NAME	CLASS	SUBCLASS	FILING DATE (IF APPROPRIATE)
	1	3,039,469	06/19/62	J.G. Fountain			
	2	3,927,676	12/23/75	Schultz			
	3	5,282,463	02/01/94	Hammersley			
	4	5,305,742	04/26/94	Styers et al.			
	5	5,357,952	10/25/94	Schuster et al.			
	6	5,368,023	11/29/94	Wolf			
	7	5,501,216	03/26/96	Byrd			
	8	5,529,062	06/25/96	Byrd			
	9	5,671,732	09/30/97	Bowen			
	10	5,839,437	11/24/98	Briggs, III			

FOREIGN PATENT DOCUMENTS

EXAMINER INITIAL		DOCUMENT NUMBER	DATE	COUNTRY	CLASS	SUBCLASS	TRANSLATION	
							YES	NO
	11							
	12							
	13							
	14							
	15							
	16							

EXAMINER
INITIAL

OTHER DOCUMENTS (INCLUDING AUTHOR, TITLE, DATE, PERTINENT PAGES, ETC.)

	17	
	18	
	19	
	20	
	21	

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EXAMINER

DATE CONSIDERED

*EXAMINER: INITIAL IF CITATION CONSIDERED, WHETHER OR NOT CITATION IS IN CONFORMANCE WITH MPEP 609; DRAW LINE THROUGH CITATION IF NOT IN CONFORMANCE AND NOT CONSIDERED, INCLUDE COPY OF THIS FORM WITH NEXT COMMUNICATION TO APPLICANT.